



Home Improvement Loan Application

Thank you for your interest in applying for a City of Fargo Home Improvement Loan. We look forward to working with you on a project that will improve your home and will help to improve the neighborhood you live in. Please submit your completed application to the following address:

Department of Planning and Development

Attn: Home Improvement Loan
200 3rd Street North
Fargo, ND 58102

Once city staff has reviewed your application, you can expect to receive a letter explaining which home improvement loan incentive you qualify for, as well as additional information about the next steps in the process. For more information, please visit the City's web site at www.fargond.gov, or call (701) 241-1474.

APPLICATION INFORMATION

Applicant Name: _____

Applicant Address: _____

SPECIAL ACCOMMODATIONS

Do you need this application to be **translated** into another language?

☐ Yes ☐ No If yes, what language? _____

Do you have a **disability** that requires a special accommodation?

☐ Yes ☐ No If yes, what accommodation? _____

Call 241-1474 (TDD 241-8258) or send this page to the above address and we will make the necessary arrangements as quickly as possible.

City of Fargo

Home Improvement Loan Application

Please complete all questions.

SECTION 1: General Information

NAME - APPLICANT #1: _____
*NAME - APPLICANT #2: _____
ADDRESS: _____
NUMBER OF DEPENDENTS: _____ AGES: _____
HOME PHONE: _____ WORK: _____ OTHER: _____
E-MAIL: _____

*Include name of individual to be listed on legal documents with applicant, if applicable.

SECTION 2: Race/Ethnicity

The Applicant is (check one)

- ☐ White
- ☐ Black/African American
- ☐ Asian
- ☐ American Indian/Alaskan Native
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ American Indian/Alaskan Native & White
- ☐ Asian & White
- ☐ Black/African American & White
- ☐ American Indian/Alaskan Native & Black
- ☐ Other Multi-Racial

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Disabled: ☐ Yes ☐ No

NOTE: Racial/ethnic group data and disability information is obtained for statistical purposes only. Data will not be considered by any local or federal official in determining the applicant's eligibility.

SECTION 3: Income and Credit Information

The following information will help us match you to the most appropriate program:

Do you receive income from:

- ☐ Social Security
- ☐ Veterans Benefits
- ☐ Railroad Retirement
- ☐ Employment

Is your gross annual household income from all sources less than the figures listed below: ☐ Yes ☐ No

\$44,050 – 1 person household
\$50,350 – 2 person household
\$56,650 – 3 person household
\$62,900 – 4 person household
\$67,950 – 5 person household
\$73,000 – 6 person household
\$78,000 – 7 person household
\$83,050 – 8 person household

SECTION 4: Property to be Improved

What is the nature of work you would like to undertake?

- ☐ Electrical
- ☐ Plumbing
- ☐ Heating
- ☐ Foundation
- ☐ Roof
- ☐ Windows and/or Doors
- ☐ Siding/Exterior Paint
- ☐ Garage
- ☐ Finish Basement
- ☐ Landscaping and/or Deck
- ☐ Kitchen Remodel
- ☐ Bathroom Remodel
- ☐ Interior Finishes
- ☐ Convert Property from Rental
- ☐ Other (Describe) _____

How many bedrooms above grade: _____

Below grade with egress: _____

How many bathrooms:

Full _____, 3/4 bath _____, and 1/2 bath _____

Total square footage: _____

Heating system: ☐ Gas ☐ Electric ☐ Other _____

Cooling system: ☐ Central Air ☐ Wall Air ☐ Other _____

Finished basement: ☐ Yes ☐ No ☐ Partially finished

If partial, what percentage is finished? _____

Interior amenities:

- ☐ Fireplace ☐ Bar ☐ Hot Tub ☐ Patio ☐ Deck ☐ Fence
- ☐ Other _____

Homeowner's Insurance Company: _____

Agent's Name: _____

Agent's Phone: _____

City of Fargo

Home Improvement Loan Application

SECTION 5: Home Improvement Loan Application

M APPLYING: ☐ INDIVIDUALLY ☐ WITH CO-APPLICANT ☐ AS CO-SIGNER FOR:

Applicant # 1

FULL NAME			
SSN		DATE OF BIRTH	
STREET ADDRESS			
CITY/ST/ZIP			
HOW LONG?	YRS	MTHs	<input type="checkbox"/> OWN <input type="checkbox"/> RENTED
PREVIOUS ADDRESS (IF LESS THAN 3 YEARS)			
HOW LONG?	YRS	MTHs	<input type="checkbox"/> OWN <input type="checkbox"/> RENTED
HOME PHONE		WORK PHONE	
HOUSEHOLD SIZE			
MARITAL STATUS	<input type="checkbox"/> UNMARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED		
PLEASE CHECK ONLY ONE <input type="checkbox"/> US CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> NON-RESIDENT			
EMPLOYER (INCLUDE ADDRESS)			
HOW LONG?	YRS	MTHS	
POSITION TITLE	MO. SALARY (GROSS)	MO. SALARY (NET)	
PREVIOUS EMPLOYER IF LESS THAN 3 YEARS (INCLUDE ADDRESS)			
HOW LONG?	YRS	MTHS	
OTHER INCOME, ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.			
ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE RECEIVED UNDER: <input type="checkbox"/> COURT ORDER <input type="checkbox"/> WRITTEN AGREEMENT <input type="checkbox"/> ORAL UNDERSTANDING			
NATURE OF ADDT. INCOME / MONTHLY AMOUNT / DURATION OF INCOME			

Applicant # 2

FULL NAME			
SSN		DATE OF BIRTH	
STREET ADDRESS			
CITY/ST/ZIP			
HOW LONG?	YRS	MTHs	<input type="checkbox"/> OWN <input type="checkbox"/> RENTED
PREVIOUS ADDRESS (IF LESS THAN 3 YEARS)			
HOW LONG?	YRS	MTHs	<input type="checkbox"/> OWN <input type="checkbox"/> RENTED
HOME PHONE		WORK PHONE	
HOUSEHOLD SIZE			
MARITAL STATUS	<input type="checkbox"/> UNMARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED		
PLEASE CHECK ONLY ONE <input type="checkbox"/> US CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> NON-RESIDENT			
EMPLOYER (INCLUDE ADDRESS)			
HOW LONG?	YRS	MTHS	
POSITION TITLE	MO. SALARY (GROSS)	MO. SALARY (NET)	
PREVIOUS EMPLOYER IF LESS THAN 3 YEARS (INCLUDE ADDRESS)			
HOW LONG?	YRS	MTHS	
OTHER INCOME, ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.			
ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE RECEIVED UNDER: <input type="checkbox"/> COURT ORDER <input type="checkbox"/> WRITTEN AGREEMENT <input type="checkbox"/> ORAL UNDERSTANDING			
NATURE OF ADDT. INCOME / MONTHLY AMOUNT / DURATION OF INCOME			

APPLICATION SUBMITTED BY

I/we declare that I/we have examined this application for a City of Fargo Home Improvement Loan and, to the best of my/our knowledge, certify that the information contained in it is true, correct, and complete.

 X
SIGNATURE

DATE

 X
SIGNATURE

DATE

